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ABSTRACT

In a number of human service offices in Oregon's Jackson and Coos Counties, workers from multiple programs work together in shared offices to provide families with ready access to a wide range of benefits and services. Other factors besides co-location that have proved critical to these programs' success are as follows: shared intake and assessment processes; common case staffing; sharing information on clients; and working together as a team. These practices have enabled both counties' human service professionals to move beyond the narrow perspective of individual programs and focus on building family strengths and providing all services needed to support family self-sufficiency. The two counties' experience in developing integrated delivery sites has underscored the importance of local leadership, locally motivated design, and maintenance of personal relationships at both the leadership and staff levels through regular face-to-face meetings. The following challenges in integrating human services have also emerged: (1) concerns that state efforts might reduce the flexibility and independence that have allowed them to design service delivery systems meeting their local needs; (2) the fact that case plans still generally remain separate and existing information systems to do not facilitate information sharing; and (3) budget problems. (Snapshots of the programs at five family centers are included.) (MN)

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Service Integration in Oregon – Successful Local Efforts Influence Major State Reorganization

Report by The Rockefeller Institute of Government for the Casey Strategic Consulting Group

Mark Ragan – 1/09/2003

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Summary

Human service program managers in Jackson and Coos Counties have made service integration a reality. In a number of offices in Jackson County, and in the Newmark Center in Coos Bay, workers from multiple programs work together in shared offices to provide families with ready access to a wide range of benefits and services. One of the better examples can be found at the Rogue Family Center in White City, where staff from over 20 programs are located. But co-location is not the only critical factor that sets this office apart. Intake and assessment processes are shared by staff from all of the programs on site. Through common case staffing, sharing information on clients, and working together as a team, staff have moved beyond the narrow perspective of individual programs to align with office goals that focus on building family strengths and providing all services needed to support family self-sufficiency.

The experience of developing integrated service delivery sites in Jackson and Coos Counties provides a number of useful lessons.

- *Local leadership and design* - Service integration in these counties was locally motivated. It is the result of the efforts of program and political leaders who created a shared vision, broke down barriers between programs, and sacrificed autonomy and control in order to share resources to achieve common goals.

- *Personal relationships* - Face to face meetings on a regular basis, both at the leadership level and at the staff level, were repeatedly mentioned as critical to the success of efforts to integrate services.

The obvious enthusiasm of both front-line workers and managers for this new way of doing business is a testament to the success of this approach. The leadership of the state Department of Human Services (DHS), which has supported the pioneering efforts in Jackson and Coos Counties, is convinced. Over the last year, DHS has reorganized in order to facilitate service integration at the local level.

Ironically, the recent reorganization, with the explicit goal of service integration, may present unintended challenges for Jackson and Coos Counties, where the approach is informal, based more on personal relationships than standardized processes. Local staff expressed concern that state efforts might reduce the flexibility and independence that have allowed them to design service delivery systems that meet local needs.

There are other challenges as well. Even at the integrated sites, case plans are for the most part separate, information systems do not facilitate information sharing, and efforts to measure the effects of service integration are sporadic. Budget problems are now an additional challenge. But there is no denying that what is happening in these counties represents real progress toward

achieving the goal of holistic service delivery.

Service Integration in Oregon – Successful Local Efforts Influence Major State Reorganization

Overview

Introduction

During the last year, site visits were conducted by the Rockefeller Institute of Government in human service offices in the state of Oregon. Locations included local offices in Jackson and Coos counties, as well as the state Department of Human Services in Salem. This paper, which documents those visits, is one in a series of reports that describe successful efforts to integrate the delivery of human service programs in different locations around the country. Funded by the Casey Strategic Consulting Group, the project is designed to document lessons learned, analyze critical success factors, and describe the operational processes and tools, including information technologies, that have contributed to the success of these efforts.

Service Integration in Oregon

Human service programs in Oregon, as in most states, are delivered at the local level by a combination of state and county governments and private providers. At a number of local sites in Coos and Jackson counties, human service programs have changed the nature of service delivery. Previously, services were provided in separate offices by staffs that specialized in individual programs. Over the last decade, by co-locating staff and creating staff teams that represent multiple programs, services are now provided in a comprehensive and easily accessible manner. Though there is no single model that is being followed in all of the offices visited, the general approach is considered to be successful, so much so that it is motivating additional changes in these counties and throughout the state. One consequence is a major effort by the state Department of Human Services to reorganize central and field offices, described in more detail below.

The hallmarks of service integration in Coos and Jackson counties include:

- a history of cooperation between the different levels of government and local service providers;
- a willingness to experiment and push the envelope to provide better services;
- a pervasive enthusiasm on the part of staff and management in support of efforts to break down the barriers between programs;
- strong leadership at the state and local levels to create and implement a vision of integrated service delivery.

While it is clear that these efforts continue to evolve -- the managers and staff in the offices that were visited do not feel that they have finished the task -- service providers in Coos and Jackson counties have succeeded in eliminating many of the barriers to service integration inherent in the "stovepipe" model of service delivery.

Information for this paper was gathered at twelve local sites, including large, urban offices that offer a broad range of services and small offices that focus on specific target populations. Efforts by the state Department of Human Services to support service integration are also described. While each office has its own story to tell, there are shared lessons learned and critical success factors that can inform similar efforts in other locations.

Background

Organizational Structure of Service Delivery in Oregon

Human services are delivered at the local level in Oregon by multiple state and county offices and local non-profit service providers. The state Department of Human Services is responsible for a wide range of programs, including TANF, food stamps, child care subsidies, child welfare programs, the Oregon Health Plan (Medicaid), as well as vocational rehabilitation and developmental disability programs. The state Department of Justice operates the child support enforcement program. The state Employment Department is responsible for employer services, job listings, and unemployment services and participates in Workforce Investment Act (WIA) One-Stop Centers. These programs are staffed at the local level by state employees.

A number of state programs are delivered at the local level by county employees. These include health-related programs, such as Healthy Start, WIC, mental health and public health programs. The counties are also responsible for community justice, parole and probation programs, and victims' services.

Non-profit organizations provide services such as drug and alcohol abuse prevention programs, food banks, and some employment services. Job Councils, and a variety of other local entities, such as school systems and community colleges, provide a wide range of employment-related services.

Site Demographics

Jackson and Coos counties are located in the southwestern quarter of Oregon. The population in Coos County was 62,279 in 2000, 181,269 in Jackson County. The population of Oregon was 3,421,399. 16.7% of the population of Coos County and 13.8% of the population in Jackson County were below the poverty line, compared with 11.6% for the state. (All statistics are from the 2000 U.S. Census.) Both counties are mostly rural, with few urban centers.

The lumber industry, which had previously dominated local economies, has been in decline for most of the last two decades. The economies of both counties have been gradually shifting to services and tourism, and as a consequence of relatively lower wages in these sectors, there has been a decline in the middle class. The Hispanic population has been rising, and drug abuse is a common problem for the families served by human service programs.

State Actions to Facilitate Service Integration

In Oregon, there is a long history of state-level efforts to promote and facilitate the integration of services at the local level. These efforts fall in two broad categories -- promoting experimentation at the local level, and streamlining and reorganizing state offices.

Promoting Experimentation at the Local Level

In the late 80s and early 90s, the state Department of Human Services unsuccessfully attempted to promote service integration through state-level efforts. Rather than abandon the concept, the state began to promote local efforts and experimentation. DHS requested proposals for local service integration initiatives, eventually selecting sites in Jackson, Coos, Polk and Baker counties. The state provided financial and administrative support for these prototype sites, including funding "service integration coordinators" in each location.[1] Of the original sites, Jackson and Coos counties are acknowledged to have made the most progress and are now serving as models for other areas of the state.

Streamlining and Reorganizing State Offices

Prompted by the success of local efforts, state leadership has taken a number of steps to streamline the budget process and reorganize state offices with the goal of facilitating service integration. Previously, multiple offices within DHS were funded by separate appropriations. Each program had its own political appointee. As a consequence, even though these programs existed within the same umbrella agency, they functioned in relative isolation. In the mid-90s, the Director of DHS, working closely with the governor and state legislature, took steps to combine separate budgets and consolidate leadership by eliminating a number of political positions. The consolidation of budgetary control and leadership in the office of the director was intended to provide the flexibility and authority to target funding where it was most needed and to send the message that all of the programs would work together toward a common goal - better outcomes for families.

As one state manager put it, "How could we expect services to be integrated at the local level when our own offices weren't integrated?"

A second major change is the reorganization of central and field office structures. Previously, many of the divisions within DHS had separate administrative offices in the

[1] Due to budgetary constraints caused by the recent economic downturn, funding for service integration coordinators is expected to be terminated.

Salem headquarters, each with its own staff and procedures. One consequence was that local service providers often had to go through multiple different contracting processes with the same state department. Now, administrative services have been consolidated; there is now a single contracting process for all DHS programs. Similarly, there were separate field offices for each of the program divisions with local service delivery responsibility, including child welfare programs, self-sufficiency programs, vocational rehabilitation, and senior and disabled services, each with its own management staff at the regional and local level. Beginning in 2001, the field offices of all of the divisions within DHS were combined in a single office at the state level, and management responsibility at the local level was consolidated by creating "Service Delivery Area" directors. In the central office, responsibility for program and policy development and for supporting contracted service delivery providers for all of the agency's programs were consolidated into three offices – Health, Seniors and People with Disabilities, and Adults, Families and Children. As would be expected, these changes have meant a good deal of disruption and dislocation of staff, both in the state capital in Salem and for field staff throughout the state. But as one manager put it, "How could we expect services to be integrated at the local level when our own offices weren't integrated?"

This major reorganization is only now being completed, so it is too soon to ascertain its effects. While the reorganization has created additional opportunities for further integration at the local level, for example between state child welfare and income support programs, differences in organizational culture and program philosophies, now more apparent, are acting as a barrier. One consequence is that these differences, as well as administrative matters, such as moving staff and reallocating space within existing offices, are diverting management from working with partners outside DHS.

Local Actions to Facilitate Service Integration

Jackson County

In Jackson County, service integration efforts began in the early 90s on a small scale. County officials were interested in providing better services in a particular area, White City, that had a large number of families that required multiple services, but were being underserved by the local offices located in Medford, the county seat. Local state and county office managers began a series of meetings in which they determined that the best way to address the needs of these families was to open a small office in White City with staff from a number of local human service programs.

Initially, only five programs were represented in the small storefront office. Staff included a Community Health Nurse and a Mental Health Specialist from Jackson County Health and Human Services, a state Employment Department Specialist, state child welfare and self sufficiency case managers, and a JOBS Plus client, who acted as receptionist and eventually became the first local family advocate.

Over time, as the benefits of integrating services became apparent, additional programs asked to be included. Staff moved to a bigger office. DHS provided funding that helped support a Service Integration Coordinator. As the office grew, even more programs wanted in, and eventually a new building, designed specifically as a service integration site, was built by Jackson County Urban Renewal. This is the current site, the Rogue Family Center in White City, described in more detail below. The model developed at the Center, co-locating and integrating staff from multiple programs, has been followed, with variations related to local community needs, at a number of other sites in the county, also described below.

A notable innovation at the Rogue Family Center was assigning staff to participate in the assessment process. Every staff member at the Center spends approximately one-half day three days each month conducting assessments as part of the intake process for new clients.

Coos County

The Newmark Center, the focus of service integration efforts in Coos County, has a different history. Though similar to the model in Jackson County, service integration in Coos Bay started off on a much larger scale. There had previously been efforts to work cooperatively among the agencies that provided services to families, in no small part because they found themselves competing for the same clients. But things didn't gel until, serendipitously, the local office of the Adult and Family Services (AFS) Division of the state DHS needed to locate to new space. This turned out to be a key event. The manager of that office invited other local human service providers, both governmental and private, to co-locate staff in a new building. Many agreed. The community college offered to construct the facility, with the AFS office as the anchor tenant. The office, with 36,000 square feet of shared space, opened in 1997. One of the more significant differences between the Newmark Center and the one-stop offices in Jackson County is that the local Workforce Investment Act one stop is integrated into the Center's design.

Critical Success Factors

In Coos and Jackson counties, certain key factors, described below, have contributed significantly to the success of local efforts to integrate services.

Integration of staff and programs at the service delivery level

At many of the sites in Jackson and Coos Counties, programs have moved beyond co-location. Workers from a number of different programs work together in service integration teams that focus on families with multiple needs. For example, at the Ashland Family Center in Jackson County, approximately 20 staff located either part-time or full-time at the Center represent the following programs:

- Child Welfare Programs
- Self-sufficiency Programs (TANF, Food Stamps, the Oregon Health Plan/Medicaid)
- Child Support Enforcement
- Community Corrections
- Healthy Start
- Maternal and Child Health
- Vocational Nurse
- The Job Council
- OnTrack, Inc. (drug and alcohol abuse prevention)
- Goodwill Industries (employment-related services)

Staff from the first three programs work for the state. Other staff work for the county, or for private, non-profit organizations. Although each retains a connection with his or her program office, with the exception of DHS employees, their direct supervisor is not located on site. Instead, there is a single office manager (in this case, a state DHS employee) with responsibility for the day-to-day operation of the Center. The staff work as a team to provide comprehensive services that address the multiple needs of individual families. (Eleven additional agencies participate actively in service integration, though staff are not located on site.) This approach -- creating multiple-program teams that reach across organizational and governmental boundaries -- is one of the hallmarks of service integration in Coos and Jackson Counties.

The integration of programs in this manner has a number of positive effects:

- Services are focused on the family - Staff learn to let go of program affiliations and focus on the family in a holistic manner. They are no longer individually responsible for the family, but can depend on other team members to help address family needs.
- Results are easier to identify - Because families can access multiple benefits and services at these centers, positive outcomes that may be the result of meeting

multiple needs are clear to team members, even though the program with which they are directly connected may not have been a major contributor to those outcomes.

- Each team member has a better understanding of the importance of his/her program's contributions. As distinguished from an office that provides only a single benefit or service, each team member brings unique skills, program benefits and services to the mix. It is therefore easier for the individual workers to see the effects of their contribution to family outcomes. Caseworkers say that this gives them a heightened sense of the importance of their contributions to the team effort.

The Importance of Leadership

Another of the hallmarks of service integration in Coos and Jackson Counties is the obvious role of individual leaders, those with the foresight to start the process of integrating services, and those with the will and determination to press forward with service reform. In Jackson County, managers trace the beginnings of service integration to a county commissioner whose concern that families in the White City area were not receiving the needed services led her to press the state for changes. But rather than wait for the state to take action, local DHS and county program managers brought together local service providers to create a common vision. The result is not only the Rogue Family Center, but also a pervasive spirit of cooperation and partnership among the agencies that has resulted in integration of services in many other local offices as well.

Managers who share the vision of an integrated service delivery network have worked long and hard to make the vision a reality. At the sites visited, regardless of their organizational affiliation, universally express strong support for improving service delivery through service integration. They are all convinced that the changes that are occurring at the service delivery level mean better outcomes for families, and their enthusiasm and perseverance clearly motivate and encourage their staff. They believe, and the evidence suggests, that their efforts at the local level have motivated and reinforced changes at the state level.

Similarly, at the state office level, leadership created a vision that led to the reorganization of state human service offices with the goal of facilitating service integration. In the mid 1990s, the director of human services programs believed that it was possible to change the nature of service delivery to eliminate service gaps and avoid duplication of services and processes. Changes that he initiated at the state level - combining funding streams for state programs, consolidating authority over programs, and initiating prototype service integration sites, have all contributed significantly to the progress that has been achieved in Oregon.

Assigning Staff to Functions Directly Related to Service Integration

In order to facilitate integration of services at the local level, officials of the state Department of Human Services asked local entities to submit proposals; four sites were selected. The state provided funding for Service Integration Coordinator and similar positions at each of the sites.

These staff were not required to be a state employees; in Jackson County, the coordinator worked for the county.

Rather than make service integration an additional job function for already overburdened staff, creating these positions and providing the funding to support them allowed these staff to focus full time on service integration. They had the time to work with local agencies to promote service integration, making it a clear priority and giving it an identity.

At the Newmark Family Center in Coos County, the partners subsequently created a "Partnership Coordinator" position. Funded by a number of different programs, including state DHS, the partnership coordinator provides leadership to Newmark Center staff in the development, delivery and the integration of services at the Center and directs Point of Entry services (see the description of the Newmark Center, below.)

An outgrowth of the reorganization of DHS field offices is the creation of positions in the field organization with responsibility to promote service integration. New positions include Community and Research Development Coordinators and Business Integrity Coordinators. In addition, a primary responsibility of Service Delivery Area managers is service integration.

However, as a consequence of state budgetary funding for service integration coordinator positions was terminated in 2002. The timing is unfortunate because efforts to integrate services resulting from the reorganization of state DHS staff are only now taking shape in other parts of the state.

Lessons Learned

During the course of reforming service delivery in Coos and Jackson counties, staff have gained insight in a number of areas, described below.

The Importance of Perseverance

Service reform did not happen overnight in either county. In Jackson County, current managers trace efforts to integrate services back more than a decade; in Coos County, nearly as long.

Service Integration is a continual, evolving process

All of the managers interviewed for this paper made the point that service integration is hard work, that there are fits and starts, that experimentation and learning from mistakes are necessary to be successful. They also made it clear that they do not believe that, in any of the offices visited, service integration is complete. Rather, they suggest that service integration is a continual process that will evolve just as the demographics and needs of local populations change. Rather than a fixed goal, they suggest that it is a continual process of change and improvement.

The Importance of Resources

In both Jackson and Coos counties, resources have made a significant difference in stimulating service integration efforts. In Jackson County, managers cite state DHS' funding of service integration coordinator positions in four prototype counties (Jackson and Coos were two of the counties) as an important factor. In Coos County, when the local office of the DHS' self-sufficiency programs was looking for a new location, the community college agreed to build a new building that was designed from the ground up to facilitate the integration of multiple programs. In both cases, the timely availability of resources - funding for staff in Jackson, the new building (the Newmark Center) in Coos - was a pivotal event in the integration of services.

The Importance of Teams

Teams in both counties exist at multiple levels. In Jackson, there is a team that consists of the managers programs that participate in service integration efforts (called the Big Bang), a team that consists of supervisory staff from the various programs (the Little Bang), and teams of caseworkers in various configurations in the different offices. The fact that staff at all levels in the partner organizations participate in teams sends a clear message about the importance of working together toward a common goal.

One manager summed up major lessons learned as follows:

1) Form Teams at All Levels;
2) Add an Advocate;
3) Have a Focus

The Importance of a Focus

In a number of the sites visited, service integration teams focus on specific target populations. While in some of the sites such efforts have expanded to include the general population, initially teams limited their scope. Examples include families with children under age four, families with school-age children, and families that need multiple services. Focusing on specific target populations, rather than attempting to serve all families with multiple needs, provided clear goals and direction for the teams, and provides a more realistic set of expectations, rather than trying to do everything for all families.

A broader focus common in these offices is a focus on the family. Assessments include determining family strengths that then serve as a foundation for case planning. Focusing on the family helps caseworkers to think holistically, rather than concentrating on individual program goals.

The Importance of Meetings

It was clear during the site visits that a great deal of time is spent in meetings -- meetings of the various teams, meetings for a variety of purposes (e.g., training, team-building, casework focused on individual families, etc.), meetings of the managers, supervisors and caseworkers. In child welfare and self-sufficiency cases families are an important participant in case planning and are routinely included in devising case plans. In addition to accomplishing the immediate tasks at hand, these meetings reinforce the team concept, and allow individual staff to connect with staff from other programs. Staff begin to identify with the office where they work, rather than the program that they work for.

Design a Strategy to Meet Local Needs - There is No Cookie Cutter

In both Jackson and Coos counties, managers emphasized the importance of targeting local needs when creating a service integration strategy. The fact that there are different target populations at the various sites shows a willingness to experiment with different approaches to meet varying needs, even within the same county. For example, the West Medford Family Center has created specific focus groups for comprehensive services. There is a Hispanic Focus Group, an Elementary School Focus Group (for families with elementary-school age children), and a Beginnings Focus group (for families with children under age four.) Each group is served by a team from partner agencies, both on and off-site.

The managers at all of the sites visited emphasized the importance of local control and buy-in. In fact, in both counties, managers suggested that the distance and separation from state offices in Salem contributed to the level of independence from state control that they felt was critical to the success of their efforts.

Challenges to Service Integration

A number of significant challenges had to be addressed as local offices brought staff together. Some of these challenges are yet to be overcome.

Sharing Client Information

A barrier to service integration that is often cited is the need to maintain confidentiality of client information. In Oregon, in order to facilitate and simplify sharing of client information by multiple programs, the state DHS created form DHR 2100, the Authorization for Release of Information. By signing the authorization, the client permits multiple agencies to share information, such as family makeup and history, employment history, alcohol and drug treatment, and mental health services received. Thus far, use of the form has greatly reduced difficulties resulting from confidentiality requirements of the various programs. In fact, managers suggest that such requirements are often an excuse by staff who are not comfortable with service integration, rather than a real barrier to information sharing.

Information Technology

At all of the local sites visited, there was universal agreement that the information technology (IT) infrastructure of the various programs represented at the sites was a barrier to service integration. Although state IT officials and staff have worked hard to provide functionality to facilitate the work of staff at the local level, the fact that multiple program systems must be accessed, each individually, to determine eligibility for and provide benefits and services for many of the programs hinders service integration.

The problem is exacerbated by the many organizational entities, each with its own information system (or lack thereof), at the local level. When these entities locate in a shared site, questions immediately arise as to whose responsibility the common information technology infrastructure will be, how it will be paid for, etc. The IT capacity and resources of each of the partners differs significantly, resulting in increased workload for the agencies with the greatest capacity (in Oregon, the state Department of Human Services). This additional burden competes with an already long list of priorities for state IT staff, resulting in frustration and delays at the local level.

Multiple Funding Sources

A significant challenge involves fiscal administration of local offices. Since offices that have integrated service delivery include staff from multiple agencies and levels of government, as well as the non-profit sector, sorting out who pays the bills, how much each agency contributes, particularly when the relative ability to contribute toward costs varies significantly from partner to partner, is a time-consuming task. One positive effect is that developing funding processes and agreements reinforces the sense of cooperation among the partners. A common comment from program managers involved the need for more flexibility in the various funding streams that

would allow partners with a higher level of resources to help support programs that could strengthen service integration efforts, but were not in a position to contribute funds for local office administration.

Measuring the Effects of Service Integration

A common frustration expressed by managers at the sites visited was the lack of direct measures of the effects of service integration. While each could give examples of individual families that they believed received services in a more efficient and effective manner, there is little in the way of quantitative data that directly link service integration strategies with measured outcomes for families. One of the problems is that there is no agreed-upon set of measures of family well-being. Instead, each program has for years measured, to varying degrees, activities related to individual programs. Most of these measures tend to be process-related, such as the percentage of clients engaging in work activities.

Nevertheless, there are efforts under way to measure impacts. At the Newmark Family Center, client satisfaction is routinely measured on a quarterly basis. One day each quarter, all clients who visit the center are asked a number of questions related to the treatment they received at the Center, and whether their expectations were met. The results clearly suggest a very high level of client satisfaction. While encouraging, this survey is not a measure of outcomes.

In Jackson County, staff created a self-sufficiency scale that includes 17 measures that, taken as a whole, portray the status of a family. The theory was that each family would be rated at intake, and then subsequently, to determine how they had progressed toward self-sufficiency. The different categories in the scale were intended to cover a broad range of programs and needs. Examples included program participation, child care arrangements, parent-child relationships, and youth risk.

Unfortunately, use of the scale was not standardized; the scale was not used consistently in all offices, or within individual offices. Staff are currently implementing a revised process that focuses on individual family needs, tracking staff activities from the time that the need is identified until resolution. The new form, which is also intended to serve as a case management tool, is only now being implemented.

Integrating Services in Larger Offices – The "Big Houses"

In Jackson County, in addition to the smaller offices that have pioneered service integration, such as the Rogue City Family Center, there are larger offices where the range of available services is more limited and that continue to maintain an identity with individual programs or categories of programs. For example, the Medford Self Sufficiency staff (previously Adult and Family Services), locally referred to as one of the "Big Houses", has approximately 40 staff whose focus is income support programs, such as TANF, food stamps and the Oregon Health Plan. Although the office has integrated workforce activities in coordination with the Job

Council's office, located just down the street, there is less integration with other programs. To address the needs of clients who need multiple service, there is some co-location of staff from other offices, and a "no wrong door" policy is being implemented. (No wrong door involves an assessment of potential eligibility for other benefits and services not available on site, and contact by the caseworker with the other office to set up an appointment for the client.) Staff from other offices who are located in the Self Sufficiency office include Dunn House (a local domestic violence program, for20 hrs. per week), a community health nurse (some time each week), the Job Council on site (and near by), and On Track (a local drug and alcohol program) to assist with direct services to clients. As a consequence of the state's reorganization, efforts are underway to integrate self sufficiency staff and child welfare staff who were previously located in an office next door.

Nevertheless, the challenge of integrating services in these larger offices remains. One reason relates to their identity. The "big houses" have existed and have been identified with individual programs since well before service integration began in the county. The smaller integrated sites were opened with the specific purpose of integrating services, thus giving them an identity separate from the "big houses." Other reasons include scale and finances. Moving to a shared site or co-locating large numbers of staff is more difficult than locating a small number of staff in a neighborhood office. Informal arrangements in which facilities funded by one program are shared with other programs are more likely to occur on a small scale, rather than in the larger offices. Bringing service integration to the larger offices therefore remains a challenge.

Maintaining Local Office Autonomy

Managers in Coos and Jackson counties suggested that local autonomy and the flexibility to design and implement models that met local needs contributed significantly to the success of their efforts to integrate services. Now that the state DHS has made service integration across the state a major initiative, there is concern that rules and requirements from the state capital might restrict local flexibility.

Funding Reductions

By the end of 2002, budget restrictions at the state and county level were negatively affecting integration efforts. Some of the consequences include: a reduction in the number of county staff available to participate; the coordinator/director at the Rogue Family Center (described below), whose position was funded in part by the state, left at the end of 2001 and has not been replaced; and a small integration site in Central Point, Jackson County, was closed. Other partners have also had to reduce or eliminate participation at integration sites.

Snapshots – Local Offices in Coos and Jackson Counties

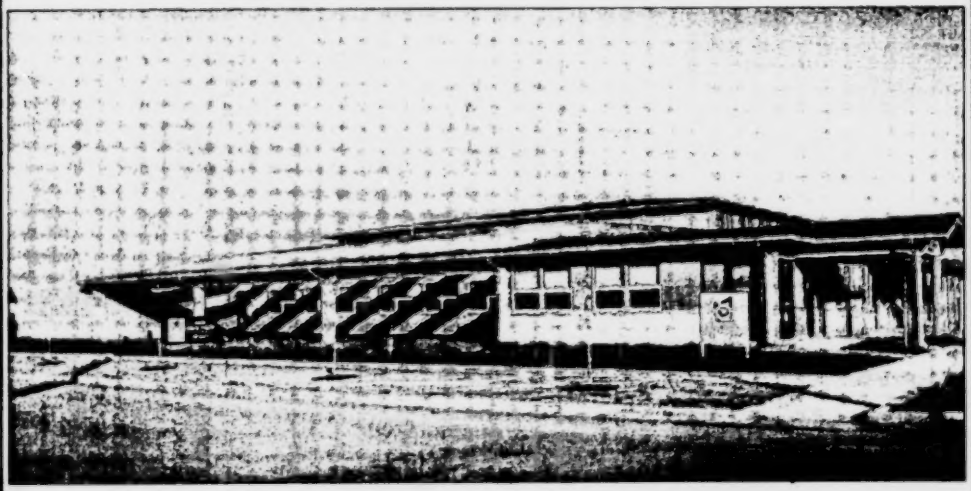
Jackson County

Service integration is Jackson County occurs in many forms, and in many locations. It is the way that local agencies do business. Described below are some of the sites where service integration has progressed beyond co-location, where staff from different agencies work together in teams to deliver comprehensive services to families. There are many other examples of coordination and integration of services in Jackson County, in the schools, at the Job Council, with the Family Court, and in the offices of other local service providers.

Rogue Family Center, White City

The Rogue Family Center is the result of pioneering efforts by local agencies to integrate services in Oregon, and is widely acknowledged by local and state officials to be a model site. The impetus for its creation was the realization by county and state officials that a large number of families in White City had multiple needs that were not being met by the separate program offices in Medford, the county seat and location of most of the local program offices at the time.

The Rogue Family Center, White City, Oregon[2]



The office initially opened in 1991 with a handful of staff from five agencies. The staff and the programs located at the Center grew steadily until 2000, when they relocated to a new building developed with funding from the Jackson County Urban Renewal agency.

[2] Photo by Jeff Wishard

The new building was designed from the outset as a site where multiple programs would be provided in an integrated manner. The 25,000 square foot facility houses approximately 55 staff from twenty-one human service agencies. In addition, located in the building, but with a separate entrances are a branch of the county sheriff's office and a Head Start center.

Until December, 2001, two managers from different agencies shared responsibility for managing the office. (One of the managers, who was considered the Center's director, left at the end of 2001, but has not been replaced due to budget constraints.) A Project Integration Team, comprised of management and line staff, plans events, discusses policies and generates new ideas for the center. Thus, line staff are involved in major decisions that effect center operations.

At the Center, new clients go through a single point of entry with a common assessment process. All staff participate in this process on a rotating basis. The primary case manager is responsible for working with clients and service providers to ensure that clients comply with case plans. Families with complex problems are invited to participate in developing their case plans, along with the agencies that will provide supports, ensuring buy-in by all parties. Comprehensive case management is a continual process that occurs on many levels. Communication across programs and agencies is both formal, through team staffings, and informal, in the open cubicles that form the core of the office layout. Formal team staffing meetings are interdisciplinary, and are held monthly.

The Center is supported by a single computer system with similar equipment for all staff, regardless of their program affiliation. DHS developed a common case narrative system (TRACS) for monitoring client progress and tracking agency case actions. The state has also implemented software that allows multiple program systems to be accessed from each desktop. Thus, with protections against inappropriate access to client information, each worker can review case plans, document actions taken, feed information to relevant legacy systems, and determine what types of benefits and services a family is receiving. However, separate information systems continue to run in the background. Eligibility determination and other actions associated with individual programs continue to be processed using these separate systems. A single agency, Jackson County Health and Human Services, is the fiscal agent for the center, with all other agencies providing funds that are managed by that agency.

Managers believe that there is compelling evidence that the Center's comprehensive approach to service delivery results in improved outcomes for families. They cite statistics, such as a 72% drop in the need for cash assistance, the highest in Oregon, a significant reduction in the number of families requiring food stamps, and sharp decreases in the number of family and violent crimes and teen pregnancies, as evidence of success.

Programs represented at the Rogue Family Center include:

- ACCESS (a community services agency)

- State DHS Self Sufficiency programs (TANF, food stamps, Medicaid/Oregon Health Plan)
- State Department of Justice's Division of Child Support
- State Employment Department
- Jackson County District Attorney's Office Victim Witness Program
- Jackson County Health and Human Services
    - Healthy Start
    - Public/Mental Health Services
    - WIC
- Jackson County Community Justice
- Jackson County Urban Renewal
- The Job Council
- La Clinica del Valle (medical outreach to the Hispanic population)
- OnTrack, Inc. (drug and alcohol abuse prevention)
- State Vocational Rehabilitation Division
- Southern Oregon Head Start
- State DHS Child Welfare programs
- State DHS Senior Services
- Southern Oregon Goodwill Industries
- Community Works Dunn House
- Jackson County Sheriff's office

Ashland Family Center, Ashland

Ashland Family Center is a smaller service integration site with approximately 20 staff serving families in the Ashland-Talent area. There are eleven human service programs on site. Eleven additional agencies participate actively on the service integration team. Current agencies housed at the Center include:

- State DHS Services to Children and Families (child welfare programs)
- State DHS Adult and Family Services (TANF, food stamps, Medicaid/Oregon Health Plan)
- State Department of Justice's Division of Child Support Enforcement
- Jackson County Community Corrections
- Jackson County Healthy Start
- Jackson County Maternal and Child Health
- Jackson County Mental Health
- Jackson County Vocational Nurse
- The Job Council
- OnTrack, Inc. (drug and alcohol abuse prevention)
- Southern Oregon Goodwill (job search services)

Additional agencies that participate in service integration teams include:

- Ashland Police Department
- Ashland School District
- Community Works
- Community Safety Net
- Dunn house
- Oregon Employment Department
- Jackson County Family Court
- Jackson County Juvenile Dept
- The Grove
- Talent School District
- ICCA

The goal of the center is to assess individuals and families and meet their needs by developing a plan that includes direct services and referral to additional community resources. Most people who come into the center apply for one or more of the DHS self-sufficiency, employment and vocational rehabilitation programs, and are referred to on-site partners or community resources as appropriate. Formal and informal staffing between on-site and off-site partners occur regularly to insure clients are moving forward and receiving the most appropriate services. The Service Integration Team meets monthly for staffing and resource-sharing. All on-site staff meet the first three Tuesdays of each month for team building and resource sharing.

West Medford Family Center

The West Medford Family Center, which opened in 1998, has approximately 27 interdisciplinary staff who provide a wide range of ongoing case management services for one of the largest poor populations in southern Oregon. Interagency case management teams, which meet at least twice monthly to discuss strategies to improve outcomes for the following target populations: families with elementary school children, families with children under age four, and Hispanic families. The office previously handled intake for income support programs, but now refers new applicants to the main county office of DHS, which is located relatively nearby.

Programs and staff represented at the Center include:

- A Hispanic Outreach Advocate
- Healthy Start
- Dunn House (Community Works)
- Self Sufficiency Programs (TANF, food stamps, Oregon Health Plan)
- A Vocational Nurse
- Goodwill Industries (Employment Programs)
- Head Start
- Mental Health
- OnTrack (Drug and Alcohol Abuse Prevention)
- Services to Children and Families (Child Welfare Programs)

- Safety Net (Emergency Food)
- Medford Police Department
- County Health Department

Stevens Place, Medford

Stevens Place is a complex of 50 apartments targeted to low and very-low income families that opened in July of 2000. Between 12 and 24 apartments are set aside for individuals and families who would not otherwise qualify for tenancy.

One of the unique features of Stevens Place is an onsite Family Advocate, who assists tenants with needs such as food, clothing, health care, job training and other supports, funded by a partnership of the private and public sectors. In addition, staff from a number of local human service agencies visit the complex on a regular basis to work with residents. A community building in the complex is used for monthly presentations on subjects such as HIV education and job search training. Services available at Stevens Place include:

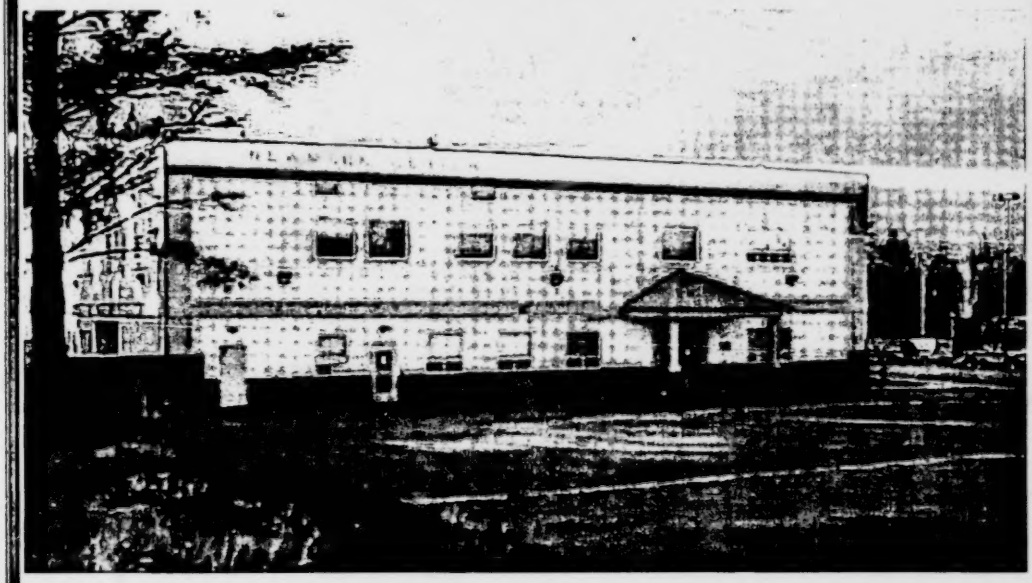
- Life Skills Training
- Referral Services (Job skills training, GED, Adult Literacy, etc.)
- Alcohol and Substance Abuse Counseling
- Cooperative child care
- Health Promotion and Illness Prevention Programs
- Senior and Disabled Services
- Best Neighbor Program
- Social Activities

Coos County

Newmark Center Career and Opportunity One Stop, Coos Bay

The Newmark Center, which opened in 1997, is a large building designed and built expressly to provide for co-location of multiple human service programs. A cooperative venture undertaken by the Southwestern Oregon Community College and local human services agencies, it is a testament to the close links between service providers in the community. The tenant partners spent considerable time developing an office layout that goes beyond co-location by integrating staff from a variety of programs into teams that staff the Point of Entry, described below. Behind the scenes administration, including reaching agreement on cost sharing, has been a time-consuming, yet critical activity.

The Newmark Center, Coos Bay, Oregon



One of the most significant features of the Center is the shared Point of Entry, which includes a receptionist, the Employment Team, an employment Resource Center, the Social Services team, the Women's Crisis Service and a Veteran's Representative. Point of Entry staffing is a self-directed work team overseen by the Center's Partnership Coordinator.

This Partnership Coordinator is another unique feature of the Center. Funded by a number of the Center's partners, the Partnership Coordinator provides leadership in the development, delivery and integration of services at the Center, with responsibility for the operation of the Point of Entry, as well as coordinating and facilitating activities of the Partnership Team.

The Social Service Team conducts initial needs assessments, screens for emergency assistance and other potential program eligibility, and provides referrals to community resources. Five staff from state self sufficiency programs, Community Action and the Women's Crisis Center are on the team. In a typical month they see 500 new clients.[3]

Programs at the Newmark Center include:

- The Community Action Program
- Oregon DHS Adult and Family Services (Self Sufficiency Programs)
- South Coast Business Employment Corporation
- Oregon Employment Department

[3] Additional information about the Newmark Center can be found at http://www.newmarkcoos.org/.

- Veterans' Representative
- The DHS Community Partnership Volunteer Program
- Consumer Credit Counseling
- Coos County Housing
- Vocational Rehabilitation Services
- The Commission for the Blind
- Adult Learning Skills Program (with classrooms)
- Business Development Center
- Care Connections (Emergency Food)

Next door to the Newmark Center is a new child care facility, the Southwestern Community Partnership Family Center, which offers drop-in child care for clients. The Family Center includes a preschool program designed for children ages 30 months to 5 years. It provides a rich learning environment that focuses on the education of the whole child.

Conclusion

The obvious enthusiasm of staff and management in Jackson and Coos counties is a clear indication of their belief in the benefits of service integration. They say that they would never go back to the old ways of doing business. Working in teams, sharing information, seeing the results when families receive the benefits and services they need to become self-sufficient, all reinforce the changes in program administration that have occurred over the last decade. But the work is unfinished; more remains to be done.

One example of unfinished business involves common case plans and case processing. In Jackson and Coos counties, even in the offices that are considered models of service integration, actual case plans and case processing are not integrated. After common assessment and intake processes, program staff develop coordinated but separate case plans, process paperwork, and input client information into information systems in much the same way as in non-integrated sites.

Information systems continue to be a barrier to service integration. While state and county information systems staff have made progress in providing caseworkers and managers with tools to assist with their work, staff in the local offices are frustrated with the inflexibility of systems. But inflexible systems aren't the only issue. Local staff are not required to use the common case narrative system (TRACS) developed by the state. As a consequence, it does not include all information on individual cases, detracting from the system's reliability and usefulness.

Much work could be done to measure the effects of individual programs and of service integration. Most of the managers interviewed for this paper agree that the motivations for service integration tend to be intuitive, rather than supported by quantitative data. Part of the problem relates to coming to agreement on common outcome measures. Another is

implementing those measures. Even in Jackson County, where management had been developing a system for measuring family outcomes for years, the system was not rigorously implemented. This is a common problem in integrated service sites – staff resources are devoted to doing the work, not measuring impacts. But as resources become scarce, better information on the effects of programs and service integration may be necessary to target resources and further improve service delivery.

Addressing these and other issues will be increasingly challenging in the near term due to local economic conditions and the state's budget problems. Funding for the site coordinator/director position at the Rogue Family Center, critical to the Center's success, as well as for similar positions in other offices, was eliminated from the state budget. Partner agencies are cutting back on the hours when staff are present at co-located sites, and in some cases, have been forced to pull out of sites altogether. The Jackson County Department of Human Services is laying off staff.

Yet in spite of budget problems efforts to integrate services in Oregon are continuing, motivated in no small part by pioneering efforts in Coos and Jackson counties. Applying the lessons learned in those counties throughout the state is a major undertaking, the results of which will not be known for some time. In the meantime, the fundamental changes that have already taken place, and the resulting improvements in services for families, are a testament to the hard work and perseverance of the managers, and the staff, in these counties.

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